Department of Permitting Services
Division of Building Construction
255 Rockville Pike, 2nd Floor
Rockville, MD 20850-4166
Phone: 311 in Montgomery County or (240) 777-0311
Fax (240)-777-6262
http://www.montgomerycountymd.gov/permittingservices

Application for Use and Occupancy Certificate

Certificate AP#_____   Building AP#_____

A. Type of Application

Type:
☐ **Use and Occupancy**
☐ **Open Land Use**
☐ **Home Health Practitioner**
☐ **Home Child Care Provider < 12 Children**
☐ **Shell and Core**
☐ **Change of Use**
☐ **Other** _____

Principle Use: (Check one)
☐ **Assembly**   ☐ **Boarding House**   ☐ **Business***
☐ **Educational**   ☐ **Hotel**   ☐ **Industrial**
☐ **Mercantile**   ☐ **Misc. Structure**   ☐ **Motel**
☐ **Place of Worship** ☐ **Public Utility** ☐ **Restaurant**
☐ **Storage**   ☐ **Townhouse**   ☐ **Construction Trailer**
☐ **Multi-Family -OR-** ☐ **Multi-Family Senior Building: # of Units ____**
☐ **Other** _____

*If Business, please specify use: _____

B. Location of Building Premise

Street Number: _____ Street: _____
Town/City: _____ Zip: _____
Lot: _____ Block: _____ Parcel: _____
Floor: _____ Suite: _____ Unit/Bay/Store#: _____

C. Owner's Information

Property Owner's Name: _____ Email: _____

_____
Address   City   State   Zip Code
Owner's Representative: _____Telephone No.: _____ Fax No.: _____

D. Tenant's Information

Tenant's Company Name: _____ Email: _____

Tenant's Name: _____Telephone No: _____ Fax No.: _____

(Person connected with Trade Company)

Mailing Address: _____
(For Lessee, if other than premise address)   Address   City   State   Zip Code

E. Description of Occupancy

HAZARDOUS MATERIALS?   ☐ YES   ☐ NO
Existing Use: _____ Proposed Use: _____
Square Footage to be Occupied: _____ Number of Employees: _____ Number of Company Vehicles: _____
The PRIMARY use will be: _____ which is: _____ % of the space.
The SECONDARY use will be: _____ which is:_____ % of the space.
Is this space ready for inspection now?   ☐ YES   ☐ NO, I WILL CALL WHEN READY
_____   _____
Person to contact to gain entry to space   **Daytime Phone No**

_____ _____ _____
Applicant's Signature   **Print Name**   **Date**

For Office Use Only

Building & Use Information
Floor No (s): _____
Max. Live Load: _____
Construction Type: _____
IBC Use Group: _____
Occupancy Load: _____
Code/Edition: _____
Conditions: _____
Fully Sprinkled & Monitored: _____

ZONING USE ONLY
Zoning Use Category: _____
Zoning Type: _____ **Zoning Sheet:** _____
Parking Required: _____ **Parking Provided:** _____
Special Exception Case Number: _____
Secondary Use: _____ @ _____%
          [ ] Approved   [ ] Disapproved
Reason for Disapproval: _____
_____
_____